DOCKET NO.: S1022.80778US00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Anthony Debling
Serial No.:   09/982,094
Filed: October 18, 2001
For: ON-CHIP EMULATOR COMMUNICATION

Examiner: William D. Thomson
Art Unit: 2123   Confirmation No.:   6785

MAIL STOP RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir/Madam:

Prior to examination, please amend this application as follows:

A complete **Listing of the Claims** in this application begins on page 2 of this paper.

Remarks begin on page 5 of this paper.

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001	Application or Docket Number 09/982094

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	10	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	10 minus 20=	* 0
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

	RATE	FEE			RATE	FEE
BASIC FEE		370.00	OR	BASIC FEE		740.00
	X$ 9=		OR		X$18=	0
	X42=		OR		X84=	84
	+140=		OR		+280=	0
TOTAL			OR	TOTAL		824

CLAIMS AS AMENDED - PART II   1/10/05

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 15	Minus	** 20	=
Independent	* 6	Minus	*** 4	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY OR OTHER THAN SMALL ENTITY

	RATE	ADDITIONAL FEE			RATE	ADDITIONAL FEE
	X$ 9=		OR		X$18=	
	X42=		OR		X84=	400
	+140=		OR		+280=	
	TOTAL ADDIT. FEE		OR		TOTAL ADDIT. FEE	400

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	RATE	ADDITIONAL FEE			RATE	ADDITIONAL FEE
	X$ 9=		OR		X$18=	
	X42=		OR		X84=	
	+140=		OR		+280=	
	TOTAL ADDIT. FEE		OR		TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	RATE	ADDITIONAL FEE			RATE	ADDITIONAL FEE
	X$ 9=		OR		X$18=	
	X42=		OR		X84=	
	+140=		OR		+280=	
	TOTAL ADDIT. FEE		OR		TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.